

STUDENT DATA

POTTSVILLE MIDDLE GRADES

SOCIAL SECURITY # _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____
 (optional)
 SEX-M F (CIRCLE ONE) DATE OF BIRTH _____ GRADE _____

ETHNIC GROUP (Please mark one)
 1. Is this student Hispanic or Latino?
 ___ No, not Hispanic or Latino
 ___ Hispanic ___ Latino

STUDENT RACE (Please mark one)
 2. What is the student's race?
 ___ American Indian or Alaska Native
 ___ Asian
 ___ Black or African American
 ___ Native Hawaiian or Other Pacific Islander
 ___ White

Is the student a military dependent of "ACTIVE" duty military personnel? _____ If so, what Branch? _____
 Was the student born of a multiple birth, example: twins, triplets, etc... _____

HOME MAILING ADDRESS _____ HOME PHYSICAL ADDRESS _____
 CITY STATE ZIP CITY STATE ZIP

*ALERT PHONE _____ *Alert phone is used by the district's automated phone message system

Names & Ages of Siblings enrolled in a Pottsville school _____

GUARDIAN/CUSTODIAL INFORMATION

GUARDIAN CODE 1-BOTH PARENTS
 (CIRCLE ONE) 2-FATHER
 3-MOTHER
 4-GUARDIAN
GUARDIAN 1

GUARDIAN 2 1-BOTH PARENTS
 (CIRCLE ONE) 2-FATHER
 3-MOTHER
 4-GUARDIAN
GUARDIAN 2

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____
 EMPLOYER _____
 WORK PHONE _____ EXT _____

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 HOME PHONE _____
 EMPLOYER _____
 WORK PHONE _____ EXT _____

CELL # _____

CELL # _____

E-MAIL ADDRESS _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____ NAME/RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____

EMERGENCY CONTACT PERSON _____ NAME/RELATIONSHIP TO STUDENT _____ PHONE NUMBER _____

Please list the names of anyone who IS ALLOWED to check out/pick up this student from school: _____

Is this student in the process of being suspended and/or expelled, or has been suspended and/or expelled from the previous school? Yes ___ No ___

**I _____ SWEAR THAT MY CHILD IS A LEGAL STUDENT AT POTTSVILLE

PARENT SIGNATURE
 SCHOOL BECAUSE OF BEING _____ A LEGAL TRANSFER OR _____ A RESIDENT OF THE SCHOOL DISTRICT. ANY PERSON WHO KNOWINGLY GIVES A FALSE RESIDENTIAL ADDRESS FOR PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED FIVE HUNDRED DOLLARS (\$500.00).

Parent Signature _____

Date _____

POTTSVILLE MIDDLE GRADES
6926 SR 247
POTTSVILLE, AR 72858
(phone) 479-890-6631
(fax) 479-968-6446

Date _____

Please send all cumulative school records on the following student(s) including transcript of grades, health records (including immunizations and birth certificate number or date), special education records, disciplinary records, and any other information available that would be helpful.

Student name	Grade	Date of Birth
Student name	Grade	Date of Birth

Previous school address:

Name _____

Street _____

City _____

State _____

Phone _____

Thank you,

Houston Townsend

*According to the Final Regulations Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain permission to release records, Vol. 41, No. 110-24673. It states that school officials, including teachers with the educational institution and officials of other school systems in which the student may intend to enroll may receive a student's records without written consent for such a release

Return to School Office



HOUSING INFORMATION FORM

Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

List all children in your family birth through age 21.

Name of Child	School	Age	Grade	Date of Birth

Parent/Guardian _____

Address _____

City _____

Zip Code _____

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians?

Yes No

Housing and Educational Rights

Students without fixed, regular, and adequate nighttime residences have the following rights:

- 1) Immediate enrollment in the school they last attended or the local school where they are currently staying even if they do not have all of the documents normally required at the time of enrollment without fear of being separated or treated differently due to their housing situations;
- 2) Transportation to the school of origin for the regular school day;
- 3) Access to free meals, Title I and other educational programs, and transportation to extra-curricular activities to the same extent that it is offered to other students.

Any questions about these rights can be directed to the local McKinney-Vento liaison at [Insert phone number] or the State Coordinator at 501-683-5428.

By signing below, I acknowledge that I have received and understand the above rights.

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date



Services for McKinney-Vento Identified Students

Student: _____

School: _____

Grade _____

Please check the services needed or desired:

- Free Lunch
- Transportation to the school of origin
- Clothing/Uniform
- School supplies
- Counseling
- Medical/dental referral
- Vision referral
- Medicaid/DSHS services – food stamps
- Preschool Enrollment records
- Missing enrollment records
- Birth certificate

- Immunization/medical records
- Tutoring
- After-school programs
- Teen Center
- Mentoring
- Special Education
- Gifted/talented
- Vocational/technical
- Community resource
- Prior academic records
- LEP/Bilingual program
- Guardianship issues

Signature of Parent/Guardian/Unattached Youth

Date

Signature of McKinney-Vento Liaison

Date

Pottsville School District
Home Language Survey
(Encuesta de Lenguaje en Casa)

Student's Name _____ School _____
(Nombre de estudiante) (Escuela)

Date of Birth _____ Gender _____ Age _____
(Fecha de Nacimiento) (Genero) (Edad)

Teacher _____ Grade _____
(Maestra/maestro) (Grado)

	English (Inglés)	Spanish (Español)	Other (Otro)
What language is spoken in your home most of the time? (¿Cuál es el idioma que habla más en su casa?)			
What language does the student speak most of the time? (¿Cuál es el idioma que habla más el estudiante?)			
What language do parents/guardians speak to the student most of the time? (¿Cuál es el idioma que le hablan más los padres al estudiante?)			

What services has your child received in previous schools?

(¿Qué servicios ha recibido su hijo/a en su escuela anterior?)

_____ ESL _____ Gifted & Talented _____ Special Education _____ Speech _____ Other
(ELL) (G.T.) (Educación Especial) (Discurso) (Otro)

What grade did your child first enroll in Arkansas schools? _____

(¿En qué grado se inscribió su hijo cuando llegó a una de la escuela de Arkansas por primera vez?)

What grade did your child first enroll in any U.S. school? _____

(¿En qué grado se inscribió su hijo por primera vez en los estados unidos?)

What written language would you prefer to receive school communications (such as attendance letters, etc.)?

(¿En qué idioma prefiere recibir información escrita por parte de la escuela (tal como cartas de asistencia, etc.)?)

_____ English _____ Spanish _____ Other _____
(Inglés) (Español) (Otro)

Parent/Guardian's Signature
(Firma del padre/guardián)

Date
(Fecha)

**POTTSVILLE MIDDLE GRADES
STUDENT MEDICAL INFORMATION**

Student's Name _____

S. S. # _____ Grade _____ Birthdate _____ Sex _____

Mailing Address _____

Home Phone _____

Mother's Name _____ Cell Phone _____ Work# _____

Father's Name _____ CellPhone _____ Work# _____

Family Doctor _____ Clinic _____ Phone _____

Please list two local people to contact if above cannot be reached:

Name: _____

home phone# _____ cell# _____ work# _____

Name: _____

home phone# _____ cell# _____ work# _____

******SEE MEDICATION GUIDELINES FOR MEDICATION PRIVILEGES WHILE AT SCHOOL******

Does Student Take Any Medication? Yes ___ No ___

If yes, indicate type of medication _____

Side effects (if any) _____ Any Drug Allergy _____

Has a Licensed Professional diagnosed student with ADD/ADHD? Yes ___ No ___

If yes, please provide a copy of evaluation confirming ADD/ADHD

Does student have any health problems that the school nurse & teacher should know about?

(diabetes, asthma, epilepsy, hearing problems, allergy to bee or wasp stings, etc)? Yes ___ No ___

If yes, please explain & send emergency medication. _____

May this information be shared with staff involved with your child? Yes ___ No ___

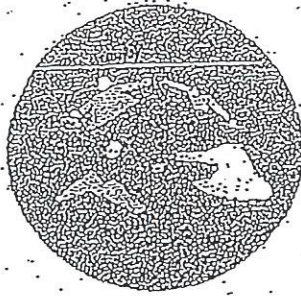
Does student have an ARKIDS 1st/Medicaid Card? Yes ___ No ___ (#) _____

May this information be shared for billing purposes? Yes ___ No ___

Date

Signature of Parent/Guardian

PLEASE INCLUDE THIS
FORM IN ENROLLMENT
PACKETS.



AGRICULTURAL QUESTIONNAIRE FORM

Your children may qualify for tutoring, books, school supplies, preschool information, high school correspondence courses, college or vocational/technical scholarships, and limited health services.

STUDENT'S NAME _____ GRADE _____ DATE _____

PARENT'S NAME (S) _____

PHONE # _____ MESSAGE/CELL PHONE # _____

STREET NAME _____ HOUSE OR APT. # _____

CITY/STATE _____ ZIP CODE _____

Has your family moved across a school district line within the past three years to look for or do any of the following types of jobs? (Examples are given.)

YES _____ NO _____

- FOOD PROCESSING—(Chicken, turkey, beef, hog, vegetables, fruits)
- FARM WORK — (Cattle, Dairy, Chicken, Hog, Fruits, Vegetables, Sod, Plant Nursery)
- CHICKEN CATCHING, CHICKEN VACCINATING
- HARVESTING TREES —(Planting, marking, girdling, cutting, skidding)
- SOD FARMING
- WORKING WITH BEES
- WORKING ON A FISH FARM, FISHING FOR AN INCOME
- WORKING AT A COTTON GIN OR GRANARY

When is the best time to contact you to determine if your children qualify for these free services? _____

PLEASE RETURN THIS QUESTIONNAIRE TO SCHOOL TOMORROW.

Thank you!

POTTSVILLE MIDDLE GRADES

6926 SR 247

Pottsville AR 72858

Phone: 479-890-6631

Fax: 479-968-6446

Dear Parent:

Please provide the following transportation information regarding your child's transportation. Please indicate normal means of transportation to and from school such as school bus, car rider or walks. State law now requires that schools have on file each child's means of transportation.

Student's Name _____

Parent's Name _____

Bus _____ Bus # _____

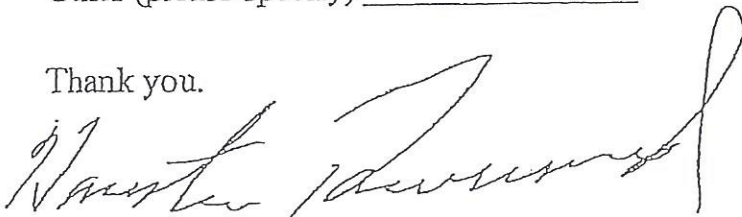
Child Care Van _____ Name of Child Care Agency _____

Car Rider _____

Walk _____

Other (please specify) _____

Thank you.



HOUSTON TOWNSEND

Principal

FREQUENTLY ASKED QUESTIONS ABOUT FREE AND REDUCED PRICE SCHOOL MEALS

Dear Parent/Guardian:

Children need healthy meals to learn. Pottsville School District offers healthy meals every school day. Breakfast costs 1.20; lunch costs K-3 1.95/4-12 2.20. **Your children may qualify for free meals or for reduced price meals.** Reduced price is .30 for breakfast and .40 for lunch. This packet includes an application for free or reduced price meal benefits, and a set of detailed instructions. Below are some common questions and answers to help you with the application process.

1. WHO CAN GET FREE OR REDUCED PRICE MEALS?

- All children in households receiving benefits from **Supplemental Nutrition Assistance Program (SNAP)**, are eligible for free meals.
- Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals.
- Children participating in their school's Head Start program are eligible for free meals.
- Children who meet the definition of homeless, runaway, or migrant are eligible for free meals.
- Children may receive free or reduced price meals if your household's income is within the limits on the Federal Income Eligibility Guidelines. Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2017-2018			
Household size	Yearly	Monthly	Weekly
1	22,311	1,860	430
2	30,044	2,504	578
3	37,777	3,149	727
4	45,510	3,793	876
5	53,243	4,437	1,024
6	60,976	5,082	1,173
7	68,709	5,726	1,322
8	76,442	6,371	1,471
Each additional person:	7,733	645	149

- 2. HOW DO I KNOW IF MY CHILDREN QUALIFY AS HOMELESS, MIGRANT, OR RUNAWAY?** Do the members of your household lack a permanent address? Are you staying together in a shelter, hotel, or other temporary housing arrangement? Does your family relocate on a seasonal basis? Are any children living with you who have chosen to leave their prior family or household? If you believe children in your household meet these descriptions and haven't been told your children will get free meals, please call or e-mail **Pottsville School**, tara.thompson@pottsvilleschools.org or 479-968-8101
- 3. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD?** No. Use one *Free and Reduced Price School Meals Application* for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Kathy Cynova 87 S B Street Pottsville AR 72858**
- 4. SHOULD I FILL OUT AN APPLICATION IF I RECEIVED A LETTER THIS SCHOOL YEAR SAYING MY CHILDREN ARE ALREADY APPROVED FOR FREE MEALS?** No, but please read the letter you got carefully and follow the instructions. If any children in your household were missing from your eligibility notification, contact **Kathy Cynova 87 S B Street Pottsville AR 72858** or 479-968-8625 immediately.
- 5. CAN I APPLY ONLINE?** No! We are not currently taking On-Line applications.

6. MY CHILD'S APPLICATION WAS APPROVED LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? Yes. Your child's application is only good for that school year and for the first few days of this school year, through [date]. You must send in a new application unless the school told you that your child is eligible for the new school year. If you do not send in a new application that is approved by the school or you have not been notified that your child is eligible for free meals, your child will be charged the full price for meals.
7. I GET WIC. CAN MY CHILDREN GET FREE MEALS? Children in households participating in WIC may be eligible for free or reduced price meals. Please send in an application.
8. WILL THE INFORMATION I GIVE BE CHECKED? Yes. We may also ask you to send written proof of the household income you report.
9. IF I DON'T QUALIFY NOW, MAY I APPLY LATER? Yes, you may apply at any time during the school year. For example, children with a parent or guardian who becomes unemployed may become eligible for free and reduced price meals if the household income drops below the income limit.
10. WHAT IF I DISAGREE WITH THE SCHOOL'S DECISION ABOUT MY APPLICATION? You should talk to school officials. You also may ask for a hearing by calling or writing to: **Larry Dugger 976 Pine Ridge Road Pottsville AR 72858 or 479-968-8101 or larry.dugger@pottsvilleschools.org**
11. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? Yes. You, your children, or other household members do not have to be U.S. citizens to apply for free or reduced price meals.
12. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
13. WHAT IF SOME HOUSEHOLD MEMBERS HAVE NO INCOME TO REPORT? Household members may not receive some types of income we ask you to report on the application, or may not receive income at all. Whenever this happens, please write a 0 in the field. However, if any income fields are left empty or blank, those will also be counted as zeroes. Please be careful when leaving income fields blank, as we will assume you meant to do so.
14. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
15. WHAT IF THERE ISN'T ENOUGH SPACE ON THE APPLICATION FOR MY FAMILY? List any additional household members on a separate piece of paper, and attach it to your application. Contact **Kathy Cynova 87 S B St Pottsville AR 72858 or 479-968-8625 or Kathy.cynova@pottsvilleschools.org** to receive a second application.
16. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **Supplemental Nutrition Assistance Program (SNAP)**, contact your local assistance office or call 501-682-8276.

If you have other questions or need help, call 479-968-8625.

Sincerely,

Kathy Cynova

Kathy Cynova Child Nutrition Director

HOW TO APPLY FOR FREE AND REDUCED PRICE SCHOOL MEALS

Please use these instructions to help you fill out the application for free or reduced price school meals. You only need to submit one application per household, even if your children attend more than one school in Pottsville School District. The application must be filled out completely to certify your children for free or reduced price school meals. Please follow these instructions in order! Each step of the instructions is the same as the steps on your application. If at any time you are not sure what to do next, please contact Pottsville School / Kathy.cynova@pottsvilleschools.org or 479-968-8625

PLEASE USE A PEN (NOT A PENCIL) WHEN FILLING OUT THE APPLICATION AND DO YOUR BEST TO PRINT CLEARLY.

<p>STEP 1: LIST ALL HOUSEHOLD MEMBERS WHO ARE INFANTS, CHILDREN, AND STUDENTS UP TO AND INCLUDING GRADE 12</p> <p>Tell us how many infants, children, and school students live in your household. They do NOT have to be related to you to be a part of your household.</p> <p>Who should I list here? When filling out this section, please include ALL members in your household who are:</p> <ul style="list-style-type: none"> Children age 18 or under AND are supported with the household's income; In your care under a foster arrangement, or qualify as homeless, migrant, or runaway youth; Students attending school regardless of age. 		
<p>A) List each child's name. Print each child's name. Use one line of the application for each child. When printing names, write one letter in each box. Stop if you run out of space. If there are more children present than lines on the application, attach a second piece of paper with all required information for the additional children.</p>	<p>B) Is the child a student at Pottsville School District. Mark 'Yes' or 'No' under the column titled "Student" to tell us which children attend Pottsville School District. If you marked 'Yes,' write the grade level of the student in the 'Grade' column to the right.</p>	<p>C) Do you have any foster children? If any children listed are foster children, mark the "Foster Child" box next to the child's name. If you are ONLY applying for foster children, after finishing STEP 1, go to STEP 4. Foster children who live with you may count as members of your household and should be listed on your application. If you are applying for both foster and non-foster children, go to step 3.</p>
<p>D) Are any children homeless, migrant, or runaway? If you believe any child listed in this section meets this description, mark the "Homeless, Migrant, Runaway" box next to the child's name and complete all steps of the application.</p>		
<p>STEP 2: DO ANY HOUSEHOLD MEMBERS CURRENTLY PARTICIPATE IN SNAP (Supplemental Nutrition Assistance Program)?</p> <p>If anyone in your household (including you) currently participates in one or more of the assistance programs listed below, your children are eligible for free school meals:</p> <ul style="list-style-type: none"> The Supplemental Nutrition Assistance Program (SNAP). <p>B) If anyone in your household participates in any of the above listed programs:</p> <ul style="list-style-type: none"> Write a case number or identified for SNAP. You only need to provide one case number. If you participate in SNAP and do not know your case number or identified, contact: PennCo Dept of Human Services. Go to STEP 4. 		
<p>STEP 3: REPORT INCOME FOR ALL HOUSEHOLD MEMBERS</p> <p>How do I report my income?</p> <ul style="list-style-type: none"> Use the charts titled "Sources of Income for Adults" and "Sources of Income for Children," printed on the back side of the application form to determine if your household has income to report. Report all amounts in GROSS INCOME ONLY. Report all income in whole dollars. Do not include cents. <ul style="list-style-type: none"> Gross income is the total income received before taxes Many people think of income as the amount they "take home" and not the total, "gross" amount. Make sure that the income you report on this application has NOT been reduced to pay for taxes, insurance premiums, or any other amounts taken from your pay. 		

- Write a "0" in any fields where there is no income to report. Any income fields left empty or blank will also be counted as a zero. If you write '0' or leave any fields blank, you are certifying (promising) that there is no income to report. If local officials suspect that your household income was reported incorrectly, your application will be investigated.
- Mark how often each type of income is received using the check boxes to the right of each field.

3.A. REPORT INCOME EARNED BY CHILDREN

A) Report all income earned or received by children: Report the combined gross income for ALL children listed in STEP 1 in your household in the box marked "Child Income." Only count foster children's income if you are applying for them together with the rest of your household.

What is Child Income? Child income is money received from outside your household that is paid DIRECTLY to your children. Many households do not have any child income.

3.B REPORT INCOME EARNED BY ADULTS

Who should I list here?

- When filling out this section, please include ALL adult members in your household who are living with you and share income and expenses, even if they are not related and even if they do not receive income of their own.
- **Do NOT include:**
 - o People who live with you but are not supported by your household's income AND do not contribute income to your household.
 - o Infants, Children and students already listed in STEP 1.

B) List adult household members' names. Print the name of each household member in the boxes marked "Names of Adult Household Members (First and Last)." Do not list any household members you listed in STEP 1. If a child listed in STEP 1 has income, follow the instructions in STEP 3, part A.

C) Report earnings from work. Report all income from work in the "Earnings from Work" field on the application. This is usually the money received from working at jobs. If you are a self-employed business or farm owner, you will report your net income.

What if I am self-employed? Report income from that work as a net amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue.

F) Report total household size. Enter the total number of household members in the field "Total Household Members (Children and Adults)." This number MUST be equal to the number of household members listed in STEP 1 and STEP 3. If there are any members of your household that you have not listed on the application, go back and add them. It is very important to list all household members, as the size of your household affects your eligibility for free and reduced price meals.

E) Report income from pensions/retirement/all other income. Report all income that applies in the "Pensions/Retirement/ All Other Income" field on the application.

D) Report income from public assistance/child support/alimony. Report all income that applies in the "Public Assistance/Child Support/Alimony" field on the application. Do not report the cash value of any public assistance benefits NOT listed on the chart. If income is received from child support or alimony, only report court-ordered payments. Informal but regular payments should be reported as "other" income in the next part.

G) Provide the last four digits of your Social Security Number. An adult household member must enter the last four digits of their Social Security Number in the space provided. You are eligible to apply for benefits even if you do not have a Social Security Number. If no adult household members have a Social Security Number, leave this space blank and mark the box to the right labeled "Check if no SSN."

STEP 4: CONTACT INFORMATION AND ADULT SIGNATURE

All applications must be signed by an adult member of the household. By signing the application, that household member is promising that all information has been truthfully and completely reported. Before completing this section, please also make sure you have read the privacy and civil rights statements on the back of the application.

A) Provide your contact information: Write your current address in the fields provided if this information is available. If you have no permanent address, this does not make your children ineligible for free or reduced price school meals. Sharing a phone number, email address, or both is optional, but helps us reach you quickly if we need to contact you.

B) Print and sign your name. Print the name of the adult signing the application and that person signs in the box "Signature of adult."

C) Write today's date. In the space provided, write today's date in the box.

D) Share children's racial and ethnic identities (optional). On the back of the application, we ask you to share information about your children's race and ethnicity. This field is optional and does not affect your children's eligibility for free or reduced price school meals.

Complete one application per household. Please use a pen (not a pencil)

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Child's First Name	MI	Child's Last Name	Name of School	Grade	Student? Yes No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price.

STEP 2 Do any Household Members (including you) currently participate in the following assistance programs: Supplemental Nutrition Assistance Program (SNAP)?

if NO > Go to STEP 3. If YES > Write a case number or identifier here then go to STEP 4. (Do not complete STEP 3) Case Number or Identifier: _____

STEP 3 Report income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income: \$ _____

How often?
 Weekly Bi-Weekly 2x/Month Monthly

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1. (including yourself) even if they do not receive income. For each Household Member listed, if they do not receive income (before taxes) for each source in whole dollars (no cents) only, if they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work		How often?		Public Assistance / Child Support/Alimony		How often?		Pensions/Retirement/ All Other Income		How often?	
	Weekly	Monthly	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly	Weekly	2x/Month	Monthly	
_____	\$ _____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
_____	\$ _____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
_____	\$ _____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
_____	\$ _____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____
_____	\$ _____	_____	<input type="radio"/>	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="radio"/>	<input type="radio"/>	_____

Total Household Members: [] [] Check if no SSN:

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member: [] [] [] []

Disclosure (Optional) I do not want school officials to share information from my free and reduced price meal application with Medicaid or the State Children's Health Insurance Program (ArKids 1st).

STEP 4 Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address (if available): _____ Apt #: _____

City: _____ State: _____ Zip: _____

Daytime Phone and Email (Optional): _____

Signature of adult: _____ Today's date: _____

INSTRUCTIONS Sources of Income

Sources of Income for Children	
Source of Child Income	Example (s)
Earnings from work	A child has a regular full or part-time job where they earn a regular salary or wages.
Social Security	A child is blind or disabled and receives social security benefits.
<ul style="list-style-type: none"> Disability Payments Survivor's Benefits 	A parent is disabled, retired, or deceased, and their child receives Social Security benefits.
Income from person outside the household	A friend or extended family member regularly give a child spending money.
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust.

Source of Income for Adults

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/ All Other Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) if you are in the U.S. Military: Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) Allowances for off-base housing, food and clothing 	<ul style="list-style-type: none"> Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from state or local government Alimony payments Child support payments Veteran's benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private pensions or disability benefits Regular income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
 Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP) case number or other SNAP identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotype, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410
 fax: (202) 690-7442;
 email: program.intake@usda.gov.

Do not fill out for School Use Only

School use only

Total Income: _____

Per: Week Every 2 Weeks Twice a Month Month Year

Household Size: _____ SNAP: _____ Categorically Eligible: _____ Date Withdrawn: _____

Eligibility: Free Reduced Denied

Reason for denial: _____

Annual Income Conversion: show calculations

Weekly _____ X 52 = _____
 2x/month _____ X 24 = _____
 Every 2 wks _____ X 26 = _____
 Monthly _____ X 12 = _____
 Annual _____ X 1 = _____